

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

AUG 26 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

|  |   |
|--|---|
| 1 File Number U <u>13475</u>   | 2 Fiscal Year Covered From<br><u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>   |
| 3 Name and address of person filing<br>Name <u>John</u> <u>J</u> <u>Simmons</u><br>P O Box Bldg Room No if any <u>                    </u><br>Street <u>270 Motor Parkway</u><br>City <u>Hauppauge</u><br>State <u>New York</u> ZIP Code + 4 <u>11788-5150</u> | 4 Name file number and address of labor organization<br>Name <u>Empire State Regional Council of Carpenters</u><br>Labor Organization File Number <u>038-392</u><br>P O Box Building and Room Number if any <u>                    </u><br>Street <u>270 Motor Parkway</u><br>City <u>Hauppauge</u><br>State <u>New York</u> ZIP Code + 4 <u>11788-5150</u> |
| 5 Position in labor organization <u>Trustee</u>  |   |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

|   |  |
|---|--|
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent   |  |
| 6 Name and address of Employer (including trade name if any)<br>Name <u>Industry Fund for Wall-Ceiling &amp; Carpentry</u><br>Trade Name if any <u>                    </u><br>P O Box Bldg Room No if any <u>Suite 301</u><br>Street <u>125 Jericho Turnpike</u><br>City <u>Jericho</u><br>State <u>New York</u> ZIP Code + 4 <u>11753</u> | 7 a Nature of Interest Transaction or Income<br><u>Meals in the ordinary course of business relating to ways and means to advance the industry</u><br><br>7 b Amount<br><u>\$161</u> |

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

John J. Simmons

On

8/15/05  
Date

315 343-9259  
Telephone Number

|                                    |               |
|------------------------------------|---------------|
| Name of Person Filing John Simmons | File Number U |
|------------------------------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

|  |  |
|--|--|
| <b>8 Name and address of Business (including trade name if any)</b><br>Name Empire State Carpenters Fringe Benefit Funds<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street 270 Motor Parkway<br>City Hauppauge<br>State New York ZIP Code + 4 11788-5150 | <b>9 Business deals with</b><br><input checked="" type="checkbox"/> a Labor Organization<br><input type="checkbox"/> b Trust<br><input type="checkbox"/> c Employer  |
| <b>10 If 9 b or 9 c is checked give trust or employer's name</b><br>Name<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street<br>City<br>State ZIP Code + 4   | <b>11 a Nature of such dealing</b><br>Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members<br><b>11 b Approximate dollar value of such dealing</b><br><b>12 a Nature of interest held or income received</b><br>Attended trustee meetings and other Fund business as director of Benefit Funds Costs include travel meals and lodging<br><b>12 b Amount</b> \$9 792 |

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| <b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>  |   |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b><br>Name NWQ Investment Management Co<br>Trade Name if any<br>P O Box Bldg Room No if any Suite 1020<br>Street 15 South 5th Street<br>City Minneapolis<br>State Minnesota ZIP Code + 4 55402 | <b>14 a Nature of payment.</b><br>Meals and entertainment relating to investment management services<br><b>14 b Amount of payment</b> \$425 |
| <b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?  |   |

Name of Person Filing John Simmons

File Number U

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Intl Foundation of Employee Benefit Plans

Trade Name if any

P O Box Bldg Room No if any Post Office Box 69

Street 18700 W Bluemound Road

City Brookfield

State Wisconsin ZIP Code + 4 53008-0069

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Empire State Carpenters Fringe Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

## 11 a Nature of such dealing

Foundation sponsors educational conferences for employee benefit plans and programs for any Trustees administrators and professionals for related employee benefit plans

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Represents expense reimbursements for travel lodging and meals relating to committee representation and program development for the Foundation

## 12 b Amount

\$10,773

Name of Person Filing John Simmons

File Number U

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name The Marco Consulting Group

Trade Name if any

P O Box Bldg Room No if any

Street 1220 Adams Street

City Boston

State Massachusetts

ZIP Code + 4 02124

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Empire State Carpenters Fringe Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street 270 Motor Parkway

City Hauppauge

State New York

ZIP Code + 4 11788-5150

## 11 a Nature of such dealing

The Marco Consulting Group provides consulting services to the Empire State Carpenters Fringe Benefit Funds

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Dinner in Rochester with Mike Harren on 5/19/04

## 12 b Amount

\$159

Name of Person Filing John Simmons

File Number U

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Empire State Carpenters Fringe Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 11 a Nature of such dealing

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Benefit Fund educational conference from 10/1/04 through 10/5/04 Costs include travel meals and lodging

## 12 b Amount

\$2,290

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Empire State Carpenters Fringe Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street 270 Motor Parkway

City Hauppauge

State New York

ZIP Code + 4 11788-5150

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 11 a Nature of such dealing

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

International Foundation of Employee Benefit Plans conference from 12/1/04 through 12/4/04 Costs include travel and meals

## 12 b Amount

\$747

Name of Person Filing John Simmons

File Number U

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name N Y S Labor-Management Council

Trade Name if any

P O Box Bldg Room No if any P O Box 153

Street

City Oswego

State New York

ZIP Code + 4 13126

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Nonprofit organization to advance to cooperation between labor and management for the benefit of workers

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Travel and expenses for meetings in the ordinary course of Council business

## 12 b Amount

\$2 570

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|---|----------------------|
| Name of Person Filing <b>John Simmons</b> | File Number <b>U</b> |
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**Part B Continuation Page**

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|  |   |
|--|---|
| <b>8 Name and address of Business (including trade name if any)</b><br><br>Name <b>Upstate N Y Carpenters Funds</b><br><br>Trade Name if any<br><br>P O Box Bldg Room No if any<br><br>Street <b>3195 Vickery Road</b><br><br>City <b>No Syracuse</b><br><br>State <b>New York</b> ZIP Code + 4 <b>13212</b> | <b>9 Business deals with</b><br><br><input checked="" type="checkbox"/> <b>a Labor Organization</b><br><br><input type="checkbox"/> <b>b Trust</b><br><br><input type="checkbox"/> <b>c Employer</b>  |
| <b>10 If 9 b or 9 c is checked give trust or employer's name</b><br><br>Name<br><br>Trade Name if any<br><br>P O Box, Bldg Room No if any<br><br>Street<br><br>City<br><br>State<br>ZIP Code + 4<br>   | <b>11 a Nature of such dealing</b><br><b>Collectively bargained fringe benefit funds between labor organization and employers for the benefit members</b><br><br><br><br><br><b>11 b Approximate dollar value of such dealing</b><br>         |
|  | <b>12 a Nature of interest held or income received</b><br><b>Benefit Fund conference from 4/25/04 - 4/28/04 in Tucson, Arizona Costs include registration, travel, meals and lodging</b><br><br><br><br><br><b>12 b Amount</b> <b>\$3,378</b> |



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| Name of Person Filing <b>John Simmons</b> | File Number <b>U</b> |
|---|----------------------|

**Part C Continuation Page**

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| <b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value   |  |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b><br><br>Name <input style="width: 80%;" type="text" value="DG Dickinson Group LLC"/><br><br>Trade Name if any <input style="width: 80%;" type="text"/><br><br>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/><br><br>Street <input style="width: 80%;" type="text" value="825 East Gate Boulevard Suite 102"/><br><br>City <input style="width: 80%;" type="text" value="Garden City"/><br><br>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="11530"/> | <b>14 a Nature of payment.</b><br><br><div style="border: 1px solid black; padding: 5px; min-height: 150px;">             Meal and entertainment relating to actuarial services           </div> |
| <b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?   | <b>14 b Amount of payment</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$150</span>   |

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| <b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value   |  |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b><br><br>Name <input style="width: 80%;" type="text"/><br><br>Trade Name if any <input style="width: 80%;" type="text"/><br><br>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/><br><br>Street <input style="width: 80%;" type="text"/><br><br>City <input style="width: 80%;" type="text"/><br><br>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | <b>14 a Nature of payment.</b><br><br><div style="border: 1px solid black; height: 150px;"></div>              |
| <b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?  | <b>14 b Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span> |

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|---|--|
| <b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value   |  |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b><br><br>Name <input style="width: 80%;" type="text"/><br><br>Trade Name if any <input style="width: 80%;" type="text"/><br><br>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/><br><br>Street <input style="width: 80%;" type="text"/><br><br>City <input style="width: 80%;" type="text"/><br><br>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | <b>14 a Nature of payment.</b><br><br><div style="border: 1px solid black; height: 150px;"></div>              |
| <b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?  | <b>14 b Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span> |